

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6378

2. Fiscal Year Covered From:

01 / 01 / 04 Through: 12 / 31 / 04

3. Name and address of person filing.

Name Robert Puniak

P.O. Box, Bldg., Room No., if any

Street 4032 Dickey Road

City Gibsonia

State PA ZIP Code + 4 15044

4. Name, file number, and address of labor organization.

Name Teamsters Local 249

Labor Organization File Number 628815

P.O. Box, Building and Room Number, if any P. O. Box 40128

Street 4701 Butler Street

City Pittsburgh

State PA ZIP Code + 4 15201-0128

5. Position in labor organization.

Business Agent

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date

Telephone Number

724-444-0747
412-682-3700 ext 28

Name of Person Filing

Robert Puniak

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TEAMSTERS LOCAL UNION # 249

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any P.O. Box 40128Street 4701 BUTLER STREETCity PittsburghState PA ZIP Code + 4 15201-0128

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name 1

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing. _____

12.a. Nature of interest held or income received.

12.b. Amount. _____

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name BEYER - BARBER COMPANY

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 1136 HAMILTON ST SUITE 102City AllentownState PA ZIP Code + 4 18101

14.a. Nature of payment.

DINNER EMPLOYEES BENEFIT FOUNDATION
2004 NEW ORLEANS13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$61.78